

EXHIBIT C

**REDEMPTION REQUEST FORM
INSTRUCTIONS**

CLASS B SHARES - ONLY

This form should be saved and may be used by a shareholder wishing to redeem Class A Shares in the Fund. Redeeming shareholders should complete and return this form, including the information on page RR-3.

FAIRFIELD SENTRY LIMITED
c/o Citco Fund Services (Europe) B.V.
Telestone 8 – Teleport
Naritaweg 165
1043 BW Amsterdam
Telephone: (31-20) 572-2100
The Netherlands
Fax: (31-20) 572-2610

Dated (month, day, year): FEBRUARY 14th, 2005

Dear Sirs:

FOR EFFECTIVE DATE AS OF FEBRUARY 28th, 2005

I hereby request redemption, as defined in and subject to all of the terms and conditions of the Confidential Private Placement Memorandum, as it may be amended from time to time (the "Memorandum"), of Fairfield Sentry Limited (the "Fund"), of ALL Class B Shares, representing [part all] of my Class B Shares in the Fund. I understand that redemption will only be effective as of the close of business on the last day of any calendar month, upon at least fifteen (15) calendar days' prior written notice. Except as otherwise provided in the Memorandum, payment of the redemption proceeds will be made within thirty (30) days after the effective date of redemption.

I hereby represent and warrant that (i) I am the true, lawful and beneficial owner of the Shares of the Fund to which this Request relates, with full power and authority to request redemption of such Shares; and (ii) I am not a "U.S. Person" (as that term is defined in the Memorandum). These Shares are not subject to any pledge or otherwise encumbered in any fashion. My signature has been guaranteed by a commercial bank acceptable to the Fund.

Wire Transfer Instructions (to be completed by redeeming shareholder):

PLEASE REFER TO WIRE INSTRUCTIONS
AS ATTACHED.

Bank Name

Bank Address

ABA Number

Account Name

Account Number

SIGNATURES MUST BE IDENTICAL TO NAME(S) IN WHICH SHARES ARE REGISTERED

**ENTITY SHAREHOLDER (OR
ASSIGNEE)**

**INDIVIDUAL SHAREHOLDER(S)
PARTNERSHIP, CORPORATION (OR
ASSIGNEE) OR TRUST**

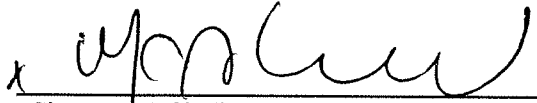
MULTI-STRATEGY FUND LIMITED

Name of Registered Owner of Shares

Name of Subscriber

UGLAND HOUSE, SOUTH CHURCH STREET
Address

GEORGE TOWN, CAYMAN ISLANDS
Address


Signature (of individual or assignee)

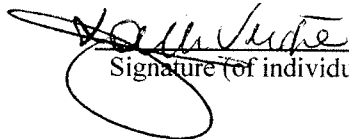
Signature (of partner, authorized corporate officer or trustee)

MARIO THERRIEN, DIRECTOR
Name and Title

Please Print Name and Title

FEBRUARY 14, 2005
Date

Date


Signature (of individual or assignee)

Signature (of partner, authorized corporate officer or trustee)

ISELLE VERNON, SIGNATORY
Name and Title

Please Print Name and Title

FEBRUARY 14, 2005
Date

Date

Signatures guaranteed by:

REDEMPTION INFORMATION

SHARE REGISTRATION

MULTI-STRATEGY FUND LIMITED
Name

UGLAND HOUSE, SOUTH CHURCH STREET
Address
GEORGE TOWN, GRAND CAYMAN
CAYMAN ISLANDS
Country of Residence

(514) 847-5917
Telephone

(514) 298-0836
Telephone (Evenings)

(514) 847-2343
Fax

MAILING (POST) INFORMATION

(if other than address of registration)

MARIE THERIEN
Name

1000 PLACE JEAN-PAUL RIOPELLE
Address
MONTREAL (QC) H2Z 2B3
CANADA
Country of Residence

(514) 847-5917
Telephone

(514) 298-0836
Telephone (Evenings)

(514) 847-2343
Fax

BANK FOR TRANSFER OF REDEMPTION

PLEASE SEE ATTACHED.
Name

Address

Country of Residence

Telephone

Telephone (Evenings)

Fax

[To be completed by the Fund]

THIS SUBSCRIPTION APPLICATION IS HEREBY ACCEPTED BY FAIRFIELD SENTRY
LIMITED

Date: _____, 200_

Name of authorized signatory: _____

Title of authorized signatory: _____

Signature: _____

Subscriber's name: _____

MULTI STRATEGY FUND LIMITED

P.O. Box 309 G.T.
Ugland House, South Church Street
Grand Cayman, Cayman Islands
Telephone: (514) 842-3261 ext. 2693
Fax: (514) 847-2343

WIRING INSTRUCTIONS:

PAY THROUGH

| | |
|--------|--------------------------|
| Bank: | The Bank of New York, NY |
| SWIFT: | IRVTUS3N |
| ABA: | 021000018 |

FOR CREDIT TO

| | |
|----------------------------|-------------------------------------|
| Beneficiary's Bank: | Caisse Centrale Desjardins CCDQCAMM |
| Branch account no.: | 815-98000 |
| Beneficiary's Name: | Multi-Strategy Fund Ltd. |
| Beneficiary's account no.: | 050-094-2 |

SUBSCRIBER ADDRESS:

Multi Strategy Fund Limited
C/o Maples & Calder
Ugland House, P.O. Box 309
Grand Cayman, Cayman Islands
British West Indies

MAILING ADDRESS:

CDP Capital inc.
Tactical Alternative Investments
C/o Mario Therrien
1000, place Jean-Paul-Riopelle
Montréal, Québec, H2Z 2B3
Canada
Phone (514) 847-5917
Fax (514) 847-2343
Email: hedgefunds@cdpcapital.com

ADDITIONAL COPIES:

We wish to advise you that **International Fund Services (Ireland) Ltd**, (IFS) are our administrators. As such, we authorize IFS to receive all documentation with regards to pricing, transfers to and from accounts as well as any trade confirmations, be it subscriptions or redemptions relating to the above Fund. This should be sent out to them as per the instructions below:

c/o Natasha Pershad

International Fund Services (Ireland) Limited
Third Floor, Bishop's Square
Redmond's Hill Dublin 2
Tel: +353-1-707-5272
Fax: +353-1-707-5107
email: ifs1@imsi.com

MULTI STRATEGY FUND LIMITED

P.O. Box 309
George Town
Grand Cayman
Cayman Islands
British West Indies

CERTIFIED A TRUE COPY OF THE ORIGINAL
DATE 1/3/04
M & C CORPORATE SERVICES LTD.
P.O. BOX 309, UGLAND HOUSE
GEORGE TOWN, GRAND CAYMAN, BWI

**Certified Specimen Signatures
of Authorised Signatories**

I, being one of the directors of Multi Strategy Fund Limited (the "Company") hereby certify THAT:

the following persons are authorised signatories of the Company and the signatures opposite their names are their true and correct signatures. Such persons are authorised to sign any and all documents on behalf of the Company, provided that all documents are to be signed by two authorised signatories and at least one of those signatories must be a signatory from Group 1:

Group 1

Mario Therrien
Christian Pestre

Louis Beaudoin

Mario Therrien


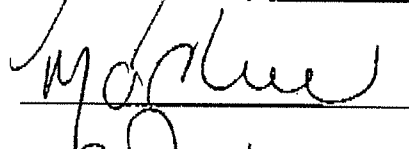

Christian Pestre

Joelle Verdon

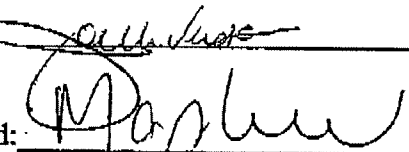
Dated: 28 January, 2004

Group 2

Louis Beaudoin
Joelle Verdon

Signed:



Name: Mario Therrien
Director

FAX HEADER:

TRANSMITTED/STORED : FEB. 14. 2005 11:53AM
FILE MODE OPTION

ADDRESS

RESULT

PAGE

893 MEMORY TX

901131205722610

OK

6/6

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY

E-4) NO FACSIMILE CONNECTION

REDEMPTION REQUEST FORM
INSTRUCTIONS

CLASS B SHARES - ONLY

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Naritaweg 165
1043 BW Amsterdam
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The Netherlands
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I hereby represent and warrant that (i) I am the true, lawful and beneficial owner of the Shares of the Fund to which this Request relates, with full power and authority to request redemption of such Shares; and (ii) I am not a "U.S. Person" (as that term is defined in the Memorandum). These Shares are not subject to any pledge or otherwise encumbered in any fashion. My signature has been guaranteed by a commercial bank acceptable to the Fund.

Wire Transfer Instructions (to be completed by redeeming shareholder):

PLEASE REFER TO WIRE INSTRUCTIONS
Bank Name AS ATTACHED.

Bank Address

ABA Number

Account Name

Account Number

UPS CampusShip : Affichage/Impression d'étiquettes

1. **Impression des étiquettes :** Cliquez sur le bouton Imprimer dans la boîte de dialogue qui s'affiche. Remarque : si votre navigateur ne prend pas en charge cette fonction, sélectionnez Imprimer dans le menu Fichier pour imprimer l'étiquette.
2. **Pliez l'étiquette imprimée au niveau du trait.** Placez l'étiquette dans un étui d'expédition transparent UPS. Si vous ne disposez pas de ce type d'étui, collez l'étiquette ci-dessous à l'aide de ruban adhésif transparent apposé sur toute la surface de l'étiquette.
3. **ACHEMINEMENT DE VOTRE ENVOI À UPS**
Clients ne bénéficiant pas d'un ramassage quotidien des colis :
- Vous pouvez passer déposer votre colis dans tout point de dépôt UPS.
 - Vous pouvez utiliser le Service de ramassage sur appel d'UPS. Pratique, ce service vous permet de faire ramasser vos envois à la maison ou au bureau, partout au Canada, du lundi au vendredi.
- Clients bénéficiant d'un ramassage quotidien des colis :**
- Votre chauffeur passera ramasser vos colis comme à l'habitude.
4. Pour indiquer que vous acceptez les termes du contrat avec UPS comme précisé dans la page de confirmation de facturation et pour autoriser UPS à agir en tant qu'agent de transit pour les contrôles à l'exportation et les formalités douanières, **signez et datez ici :**

| | |
|---------------------------|-----------------|
| Signature de l'expéditeur | Date de l'envoi |
| | |

PLIER ICI

JOHN DACRES
514-847-2150
CDP DU QUEBEC
1000 PLACE JEAN-PAUL RIOPELLE
MONTREAL QC H2Z2R3
CANADA

SHIP TO:
JAILILA BROUJI
(31-20) 572-210
CITCO FUND SERVICES B.V.
TELEPORT
NARITAWEG 165
TELESTONE 8
1043BW AMSTERDAM
NETHERLANDS

ENV 1 OF 1
SHIP#: 76RW 05VH RZB
DATE: 14 FEB 2005

NLD 343 9-00

UPS EXPRESS

TRACKING #: 1Z 76R W05 66 9785 0792

EDI-DOC

BILLING: P/P
DESC: Document

Centre de coûts: 3900

CS 7.0.11.0 WNDIE60 36.0A 10/2004

L'expéditeur accepte les Conditions Générales de Transport/Services d'UPS qui peuvent être consultées sur le site www.ups.com ainsi que dans les centres de services d'UPS. A moins qu'une valeur de transport supérieure ne soit déclarée au titre du présent envoi, la Convention pour l'expédition de marchandises par route (Convention CMR), l'Accord de l'Union européenne (Accord de l'Union européenne) ou les Conditions Générales de Transport/Services d'UPS sont susceptibles de recevoir application afin de limiter la responsabilité d'UPS dans l'éventualité d'un dommage, d'un retard ou d'une perte de l'envoi. L'expéditeur reconnaît que la responsabilité d'UPS est limitée par la loi applicable. L'expéditeur déclare que le présent envoi est conforme à l'ensemble des contrôles à l'exportation et des formalités de douane. L'expéditeur déclare que le présent envoi est conforme à l'ensemble des lois en vigueur, ainsi qu'aux dispositions applicables de la réglementation édictée par les États-Unis en matière de contrôle des exportations.

https://www.campusship.ups.com/cship/create?ActionOriginPair=print__PrinterPage&P... 2005/02/14